

**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

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**PETITION FOR INVESTIGATION OF
QUESTION CONCERNING REPRESENTATION**☐ Amended Petition in Case _____

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OLYMPIA, WA

MAY 27 2009

**PUBLIC EMPLOYMENT
RELATIONS COMMISSION**Instructions: www.perc.wa.gov/Forms/E-1-inst.pdf Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.**1. PARTIES** The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.**EMPLOYER** Central Kitsap Fire and Rescue**CONTACT PERSON** Susan Smith, Human Resources Manager**ADDRESS** 5300 NW Newberry Hill Road, Suite 101**CITY, STATE, ZIP** Bremerton, WA 98383**TELEPHONE** 360-447-3550 ext. _____**FAX** 360-447-3590**E-MAIL** _____**ATTORNEY OR
REPRESENTATIVE****ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____ ext. _____**FAX** _____**E-MAIL** _____**PETITIONER** Washington Public Employees Association**CONTACT PERSON** Kathleen Oest**ADDRESS** 140 Percival Street NW**CITY, STATE, ZIP** Olympia, WA 98502**TELEPHONE** 360-943-1121 ext. 115**FAX** 360-357-7627**E-MAIL** kathleen@wpea.org**ATTORNEY OR
REPRESENTATIVE****ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____ ext. _____**FAX** _____**E-MAIL** _____**INCUMBENT BARGAINING REPRESENTATIVE** *Indicate one.*☒ The parties are not currently represented for bargaining; OR☐ The employees involved are currently represented by the organization below:**ATTORNEY OR
REPRESENTATIVE****ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____ ext. _____**FAX** _____**E-MAIL** _____**ORGANIZATION** NONE**CONTACT PERSON** _____**ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____ ext. _____**FAX** _____**E-MAIL** _____**2. DESIGNATION OF REQUEST** *Indicate one.*☒ **RECOGNITION REQUEST** The petitioner requests certification as exclusive representative of the bargaining unit.☐ **CHANGE OF REPRESENTATIVE** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.☐ **DECERTIFICATION** The employees in the bargaining unit no longer wish to be represented by any employee organization.☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.**4. OTHER RELEVANT FACTS** *Indicate one.*☐ Additional information is set forth on separate sheets of paper attached to this petition.**3. BARGAINING UNIT****EMPLOYER'S PRINCIPAL BUSINESS****DEPARTMENT OR DIVISION INVOLVED**Fire and Rescue; Public SafetyAdmin./Sup. Svcs.; Public Safety; Pub. E**COLLECTIVE BARGAINING AGREEMENT** *Indicate one.*☒ The parties have never had a contract; OR☐ A copy of the parties' current (or most recent) collective bargaining agreement is attached.**NUMBER OF****EMPLOYEES
IN UNIT** 15**DESCRIPTION** *Indicate inclusions, exclusions, contract page or case/decision number.*All classified employees included.All Supervisory or Confidential employees excluded.**5. SHOWING OF INTEREST***A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.***6. AUTHORIZED SIGNATURE FOR PETITIONER****PRINT NAME** Kathleen Oest**TITLE** Organizer**SIGNATURE** Kathleen Oest**DATE** 5-27-09